INTERNATIONAL UNION AGAINST TUBERCULOSIS (IUAT)

Established as a voluntary international body to combat tuberculosis, the union is a network of national anti-tuberculosis associations, working through scientific committees, publications and meetings.

SMOKING

Within this activity, concentration on tobacco is still very limited, since the Committee on Smoking and Health is very new (September 1983 first meeting). In a sense this is quite surprising, since the Bulletin gave space to a description of the role of government in smoking control as early as 1978 (BJARTVEIT); on the other hand, smoking has never been associated seriously with tuberculosis, and the new committee was apparently an offshoot of the Respiratory Diseases Committee, itself quite recent.

The report of the 1984 meeting of the Smoking and Health Committee is included as Appendix 1. Below are reproduced a few salient points:

a. The members of the Committee are committed anti-smokers - Fréour, Bjartveit, Crofton (involved in Scottish ASH), Kozak and Masironi, especially.

b. The Committee's first concern was to co-operate with WHO and UICC in the exchange of information & documents, in the establishing of practical work, in representation at each others meetings etc.

c. The Committee is already planning practical operations, including a survey of smoking among medical students (pilot project in Czechoslovakia, France, Senegal, Egypt, Brazil, Ethiopia, Gabon, India & UK), constituent measurement in developing countries, an anti-smoking pamphlet for distribution to IUAT members and their political contacts, and sessions on smoking control at all Regional & International Conferences.
The survey questionnaire is based on the WHO guidelines.

d. The recommendation that the 1986 Singapore Conference be totally non-smoking has been accepted (see Appendix 3).

The IUAT is a body of technical TB professionals, working in a solidly scientific manner. Up to now, their profile on smoking control has been non-existent, but it is clear that the Union wants this to change, and that their commitment to operations against tobacco will be limited only by money. If they succeed in attracting special grants (as Gray has done for UICC) they could become second only to the anti-cancer body among the medical associations opposing the use of tobacco.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

The union operates by means of seven Scientific Committees:

1. Epidemiology and Statistics
2. Diagnostic Methods
3. Bacteriology and Immunology
4. Treatment
5. Tuberculosis in Animals
6. Respiratory Diseases
7. Smoking & Health

Like most international co-ordination efforts, the practical activities of IUAT are communicative, and fall into three parts:

Meetings

- Regional Conferences of the IUAT itself
- International meetings (for example 26th IUAT World Conference on Tuberculosis and Respiratory Diseases, announced for Singapore, November 1986).

Publications

- "IUAT Bulletin" Quarterly. Contains news, reports of IUAT activity, reports of conferences etc. Audience very clearly limited to TB professionals.
- Conference Proceedings
- Guides, Manuals, Norms, Standards

Courses

A new departure for the organisation, which it appears to think will be very popular, but which is limited by funds.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Appendix 1

STRUCTURE and ORGANISATION

The Union is a voluntary international body established in 1920 to promote the eradication of tuberculosis. Its constituent members (all national anti-tuberculosis associations) come from 111 countries, and individual membership is also accepted.
The governing structure is as follows:

GENERAL ASSEMBLY
(meets every 2 years)

ANNUAL COUNCIL (Representatives from each national anti-tuberculosis association)

EXECUTIVE COMMITTEE (12 members, including one from each of the four IUAT Regions, elected by Annual Council)

SECRETARIAT
(Executive Director: Dr. Annik Rouillon)
8 members of staff

FUNDING Quotas from constituent members
individual membership fees

It is clear from the 1984 Secretariat report that the Union experiences difficulty in regular receipt of membership dues, since a major part of a new electronic office system was devoted to accounting and especially subscription reminders. A new fund-raising system has just been initiated, from which the Secretariat hopes a great deal; however, their report concluded "the period from September 1983 to July 1984 ... has shown that the financial basis of the IUAT remains fragile and that extreme vigilance is needed to remain within the possibilities of our means, that are unfortunately limited".
No figures are available.

ACTIVITIES IN GENERAL

The Union's objectives are

a. To co-ordinate and promote internationally the work of the national anti-tuberculosis societies in the control and eradication of tuberculosis.

b. To liaise with other international organisations, especially the WHO

c. To promote studies of epidemiology and treatment

d. To disseminate information (especially educational material)

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

IUAT Bibliography

BJARTVEIT. K.	"Governmental Action on Smoking and Health" Bulletin of the IUAT, (1978), 53:(4) pp. 334-339
COMMITTEE ON SMOKING AND HEALTH	"Report of 1984 meeting, Tunis, 22-23 October 1984" Bulletin of the IUAT, (March-June 1985) 60:(1-2), pp. 75-77
YEARBOOK OF INTERNATIONAL ORGANISATIONS	"International Union Against Tuberculosis" Entry B 2651, U.I.A., (1983/4) 1p.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

INTERNATIONAL ORGANIZATION OF CONSUMERS UNIONS

The IOCU is a federation of national consumer organisations established in 1960, which aims to co-ordinate the national bodies, and to promote the interests of consumers at the international level. This aim is fulfilled by a range of operations including meetings, publications, training, research, information & documentation, and action. (see Appendix 1)

SMOKING

Within the range and scope of IOCU's activities in the area of consumer protection (see Appendix 1 & 2 for examples) their focus on smoking has appeared only very recently. In the resolutions of the 10th World Congress (June 1981) the mentions of tobacco feature very much in passing. From the Education Workshop:-

- Resolved that "the IOCU is to ensure the distribution of information on unsafe products such as drugs, cigarettes, alcohol, infant formula, and some children's toys through the existing information network".

and from the Medical Workshop:-

- Resolved that "IOCU urges the adoption of a code of marketing practices of tobacco" (IOCU Proceedings, 10th World Congress).

However the change in tone was perhaps already signalled by the presentation of a paper to that meeting by the Australians, entitled "Cigarettes in the eighties: what quality is this poison?" (SHORT).

Since then, interest in smoking issues has risen very sharply. At the Ranzan seminar (July 1983) there was a workshop on alcohol and tobacco, chaired by Allan Asher (the Australians again) with Ruth Vermeer as rapporteur. The concluding paragraph went:

> "Summing up, Allan Asher said that tobacco and alcohol products were causing a range of serious consumer problems. Consumer organisations should begin to work more closely so that their campaign would become more effective nationally as well as internationally. The major international event in 1983 on tobacco is the Fifth World Conference on Smoking & Health .... ..IOCU, through the ACA, plans to attend."

The 11th World Congress (Bangkok 1984) carried this scrutiny a stage further with a resolution in plenary session on tobacco (Appendix 2) supporting a campaign to eliminate all tobacco promotion. The latest stage is the creation of the body to undertake this campaign - the Action Group to Halt Advertising & Sponsorship of Tobacco (AGHAST) (see Appendix 3). From the same bulletin we learn that the manager of this campaign is Simon Chapman, who arrived in Penang on August 8, 1985 after receiving his doctorate degree in Anthropology. A month later, he was joined by an assistant, Wong Wei Leng.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

However, three months later (November 1985) Dr. Chapman left Penang for the State of South Australia, where he had accepted the post of Director of Health Promotion. Co-ordinator of AGHAST is now Atie Schipaanbord, who operates from The Hague.

As far as publishing is concerned, smoking issues are given constant coverage in 'Consumer Currents' and the manual "Generating Power" contains a 4-page chapter on tobacco containing the usual allegations about health, advertising, exploitation of Third World, etc. (ELWOOD).

In the ad hoc series of bulletins issued for the 1984 World Health Assembly "Health Now", the Health Action International included a feature about the Third World and smoking (SHARMA). However, the publication with the most impact long-term is likely to be Chapman's "The Lung Goodbye" issued by Consumer Interpol as a contribution to the Winnipeg Conference in 1983. Chapman's new 70-page compendium entitled "The Dying Industry" was issued in 1986.

All this activity indicates that the IOCU focus on smoking, while still in an early stage, is likely to become powerful quite quickly. The influence of the Organization is difficult to quantify exactly, but it is certainly taken seriously as a body (consultative status with UN ECOSOC, CTC, UNICEF, UNESCO, UNIDO and FAO (Codex Alimentarius), and links with Council of Europe). A position against smoking would automatically guarantee 'right of entry' into co-operation with other bodies with the same stance, and indeed the recent smoking control workshop in Malaysia was organised as a joint operation by IOCU and UICC. In this connection it is probably significant that Dr. S.K. Teoh (Chairman, Malaysian ASH) visited the IOCU office in April 1985.

The Organization has recently decided to concentrate its efforts in Latin America, and announced at the 1984 Congress that it would open an office in the continent. As a first step, it has begun to issue "La Voz del Consumidor" on consumer topics, of which the April/June 1985 issue was devoted entirely to anti-tobacco topics, largely being reprints from the New York State Journal of Medicine, December 1983.

It needs to be stressed how different the IOCU is from the science-based bodies otherwise described in the report, and also how much influence the Penang office has on its activities. Anwar Fazal (ex-President of IOCU, and now Regional Director) has put a lot of energy into making the Organization a militant body, acting for social change. This energetic activist approach obviously makes a considerable impression, and also attracts like-minded people (e.g. Chapman) into the ranks.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Appendix 1

ORGANISATION AND STRUCTURE

Founded in 1960, the IOCU is a voluntary international body, set up initially to share the experience of five industrial countries in product-testing and monitoring. Since that year, the Organization has expanded considerably, and its interests have also widened and become much more political, with especial emphasis on less developed countries. The IOCU protects its independence with very strict conditions for membership. There are presently 44 Associate Members plus 70 Corresponding Members in over 50 countries. The former must be national associations exclusively working in the consumers' interest, non-profit making, without political bias, and functioning without subsidies and without advertising in their publications. The latter do not meet these stringent criteria, but are still acceptable in their commitment to consumerism, and they have no vote in the Organization's affairs.

The governing structure of the IOCU is as follows:

GENERAL ASSEMBLY (meets every 3 years)	(of all associate members) (President: Rhoda Karpatkin)
COUNCIL (Annual)	(15 elected associate members)
EXECUTIVE (Twice per year)	(6 elected associate members)

SECRETARIAT

Headquarters (Den Haag)	Regional Office (Penang)
Director: Lars O. Broch	Director: Anwar Fazal
Paid staff ± 10	Paid staff ± 12

FUNDING

Money comes from 3 sources:

a. Membership subscriptions (about 95% of regular budget)

b. Sales of publications (5% of regular income)

c. Grants for special projects & programmes (from Governments, UN Agencies, Development Organisations)

Income has trebled from 1975 to 1983 (last figures available) from 525,000 Dutch guilders to 1,615,000 Dutch guilders (roughly US$200,000 to US$600,000). Within this time-span the role of grants & donations in the total budget has become much more important, from about 20% total income in 1976 to over 50% in 1983.

.../

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

ACTIVITIES IN GENERAL

The principal objectives of the IOCU are:

i. To promote and support national consumer bodies (especially newly-formed associations and those in the Third World)

ii. To represent the consumer at the international level

iii. To co-ordinate and exchange the skills and experience gained in political activity at local/national level.

As with all such "international network" bodies, the main activities are meetings and publications:

Meetings

The Organisation holds its own World Congress every three years, normally with an overall theme (1981 The Hague "Consumers in a shrinking world"; 1984 Bangkok "5 Billion consumers: organising for change"). At these meetings IOCU business is conducted, as well as papers on the theme(s) delivered in plenary sessions.

In addition, special conferences are convened, as the Organisation feels appropriate; hence "Health, Safety & the Consumer" a 3-day seminar held in Ranzan (Japan) in April 1983 with sessions on Drugs & Health, Pesticides, Trade in Hazardous Products, Safety & the Law, Safety Education, among others.

Publications

- "IOCU Newsletter" (published from The Hague) 10 issues per year.
- "Consumer Currents" (issued from Penang) 10 issues per year.
- Conference Proceedings & Triennial reports on work in hand.
- Reports on specific topics & activities. Ad hoc publishing for special events (e.g. the 37th World Health Assembly).
- IOCU Directory.

All of these operations are conducted in a way quite distinct from the cool and fairly detached tone of associations initially set up for the exchange of scientific information (notably the IUAT), and the language and perspective of the IOCU make it clear that their aims will only be met by definite social and political change in favour of consumers, especially in developing countries.

However, in addition, the Organization undertakes other operations which mark it very firmly as a pressure group acting within the political domain either nationally or internationally.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Training

Courses and programmes for "consumer educators, activitists or information specialists" (IOCU Consumer Directory).

Research and Action

Via special projects to combat what IOCU sees as the principal consumer problems.

- Consumer Interpol begun in 1981 and run from Penang. Intended as an "alert-system for hazardous consumer products" especially in developing countries.

- International Baby Food Action Network (IBFAN) established to monitor the implementation of the WHO Guidelines on baby food, through local legislation.

- Pesticide Action Network (PAN) run jointly by OXFAM (UK) and the Penang office, monitoring the production, export and use of 'dangerous chemicals' used to eradicate pests in food crops.

- Health Action International (HAI) organised from both Penang and Den Haag. HAI is "a network of non-governmental organisations, active in pharmaceutical and health questions".

All these operations are overseen by five committes (Testing, Education, Developing Countries, Legal Working Group, and Medical Working Group) and supported by extensive Library/Documentation resources.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

IOCU Congress, Bangkok 9 - 14 December 1984

IOCU Congress Resolutions

At the opening session of the IOCU World Congress, the General Assembly passed the following Bhopal Resolution:

Recognising the devastating toll of human life and suffering taken by the worst chemical disaster the world has yet known, the General Assembly deplores the gas leakage tragedy in Bhopal, India, as the latest evidence of the gross lack of care to ensure consumer safety by multinational corporations in Third World countries; and calls upon the appropriate authorities to impose and enforce stronger environmental and safety regulations; penalties for all who transgress them; and redress and compensation for all who suffer.

Other Resolutions were passed at the final session of the General Assembly. The texts which follow are subject to confirmation as some (Consumer Protection Guidelines, Food, Breastfeeding, and Transnationals) were amended during the Assembly and, although the sense is given here, the precise wording may be marginally different.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

UN Consumer Protection Guidelines

Recognising that protection of consumer interests is a basic human right and an important component in economic development, the IOCU General Assembly welcomes the work undertaken by the United Nations to develop and adopt a world charter of consumer rights - the UN Guidelines on Consumer Protection. The IOCU General Assembly strongly urges IOCU to work together with the United Nations Assembly for the wide dissemination of the Guidelines and furthermore to assist governments in implementing the principles contained in the Guidelines. In this connection, IOCU should explore possibilities for establishing a Consumer Protection Advisory Service directed at advising governments and supporting consumer groups on the development and implementation of a consumer protection policy.

Consumer education

This General Assembly, endorsing the Declaration of the IOCU Seminar on Consumer Education in Schools held in Oslo during July 1984, urges IOCU to explore possibilities of creating and maintaining a clearinghouse on consumer education materials, especially for schools. Further, it urges IOCU and its member organisations to ask appropriate government authorities to support special activities for consumer education to make the 1985 International Year of Youth more meaningful.

Lead in petrol

This General Assembly, recalling that Japan has now completely eliminated lead in petrol, that the US has decided to phase out lead in petrol in 1984, and noting that the EEC Member States have just taken the decision on 6th December 1984 to phase out lead in petrol by 1989 at the latest and 1986 at the soonest; noting that Japan and the US have already taken strict measures to lower severely other motor vehicle emission (such as carbon monoxide, hydrocarbons, nitrogen oxide) and that the EEC is planning to define equivalent measures in 1986:

1. *urges the public authorities of all the other countries, including developing countries, to decide to phase out lead in petrol as soon as possible;*

2. *urges the same countries to define rapidly plans for the progressive lowering of other motor vehicle pollutants;*

3. *urges the car manufacturers, the oil refiners and the public authorities of Japan, the US and the EEC Member States to apply to the motor vehicles they export and they assemble abroad and to the oil they refine for exportation and refine abroad the same pollution standards they have to respect at home;*

4. *urges these car manufacturers and oil refiners to develop in this respect new techniques which are less costly than the present ones and, in the meantime, not to raise the over-costly end prices pertaining to these policies more than at home.*

Pharmaceuticals

Recognising the unique power of pharmaceutical products to help or harm consumer health; and recalling earlier General Assembly Resolutions on the need to put people's health before any consideration of economic gain; this General Assembly reaffirms IOCU's commitment to work for rational and economic drug policies worldwide and urges IOCU to work to ensure that all medicines have significant therapeutic value; meet real medical need; are acceptably safe; and offer satisfactory value for money. Further, recognising that full and accurate information on drugs is essential for their safe and effective use, this General Assembly urges IOCU to do everything possible to ensure that the supply of drug information to prescribers, dispensers and consumers is improved in both quality and quantity.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Butazone drugs

Recognising that phenylbutazone and oxyphenbutazone are significantly more dangerous than other non-steroidal anti-inflammatory drugs, and that they are without important therapeutic advantage for the vast majority of consumers who need such drugs; this General Assembly urges IOCU to press for the complete withdrawal of systemic oxyphenbutazone and the restriction of phenylbutazone to use as a drug of last resort in all countries.

Patients' rights

This General Assembly calls on the health authorities in each country, the associations of medical professions, the medical practitioners and all other organisations and individuals concerned to make their best efforts to uphold patients' dignity and rights as human beings, including the right to accurate information, the right to safety, the right to treatment and care, and also the right to refuse treatment.

Further, it calls on IOCU and its member organisations to formulate proposals to achieve this end both internationally and nationally.

Export of drugs from the US

Whereas safe and effective pharmaceuticals bring significant benefits to the world, and

Whereas pharmaceuticals have a powerful ability both to help and harm, and must therefore be used with care and attention to appropriateness of use, so that benefits will always outweigh risks;

Whereas less developed countries face shortages of trained personnel and resources to analyse risks and benefits, evaluate safety and efficacy, and enforce drug regulatory systems;

Whereas people the world over are affected in the same way by pharmaceuticals, and should not be subject to a "double standard" differing from the standard in effect where a product is manufactured;

Whereas the world looks to the Unit States for leadership in consumer protection, and recognises that its policies on pharmaceuticals have served as an example to other countries:

The 11th IOCU World Congress deplor Senate Bill 2878, which was introduc into the United States Congress in 1984; or any similar measure which would have the effect of changing U law to permit the export of pharmaceuticals that are banned, withdraw or not approved for used in the United States, and

calls on the US Congress to retain i commendable prohibition on the expor to any country of unapproved drugs, which is embodied in Section 801 of the Food, Drug and Cosmetic Act.

Food

As problems concerning food are a central concern for many consumer organisations, this Congress urges IOCU to intensify its activities on food issues and provide systematic support for such activity and in particular to update the resource kit to help stimulate awareness and action around World Food Day on October 16th.

Breast-feeding

This General Assembly, reaffirming IOCU's commitment to the promotion of breast-feeding, invites IOCU offices and its member organisations to take all possible measures to enable their own staff to breast-feed their infants as long as possibl by providing adequate maternity leave or adequate opportunity for breast-feeding at the workplace;

urges the International Labor Organisation to revise existing labor conventions with a bearing on this subject in the same sense;

requests IOCU and its member organisations to use their influence on other organisations, institutions and governments to facilitate prolonged breast-feeding.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Consumer Interpol

Recognising that IOCU has a major and long-term commitment towards promoting consumer safety world-wide and that its Consumer Interpol programme has been highly successful in forming a collaborative network of consumer organisations in more than 30 countries for rapid information exchange on newly discovered or newly regulated hazardous products, the IOCU General Assembly confirms its strong support for the Consumer Interpol Programme and encourages IOCU to continue it and to amplify the effects of the programme by broadening IOCU's engagement, including intensification of training of consumer alert receivers, expansion of analyses, studies and briefing papers on product hazards and campaigns concerning policies of manufacturers and traders related to hazards in internationally traded consumer products.

Hazardous products

The General Assembly recalling its resolutions on the export of hazardous products at the 10th IOCU Congress held in June 1981; and bearing in mind its efforts to contribute to an early warning system on unsafe products through the implementation of its programme, "Consumer Interpol"; and noting that there have been a number of recent international initiatives, notably those by the United Nations and some of its agencies and the European Parliament, to deal with the export of potentially hazardous products;

supports the UN General Assembly resolution 37/137 of 17th December 1982 on "Protection Against Products Harmful to Health and the Environment";

commends the UN's continuing work on the "Consolidated List of products whose consumption and/or sale has been banned, withdrawn, severely restricted or not approved by governments";

supports the "Provisional notification scheme for banned and severely restricted chemicals" adopted by the UNEP Governing Council in May 1984;

supports the European Parliament resolution of 14th October 1983 on the export of various dangerous substances and preparations (especially pesticides);

supports the recommendations relating to the sale of European pharmaceutical products in the Third World, adopted by the Parliamentary Assembly of the Council of Europe in October 1983;

calls on all governments to take the necessary steps to bring into effect the UN General Assembly resolution 37/137 and the UNEP Provisional Notification Scheme;

calls on, in particular, the European Economic Community and the Council of Ministers of the EEC to implement the European Parliament resolution and the recommendations of the Parliamentary Assembly of the Council of Europe in October 1983;

urges IOCU to press for the extension of the principles embodied in these measures to the export of hazardous wastes and technologies;

urges IOCU to investigate the feasibility of preparing an authoritative compilation of hazardous consumer products that have been recalled by importers or manufacturers to complement the United Nations Consolidated List so that we may be better informed and thus able to act.

In addition, this General Assembly firmly supports the principle that product bans should apply equally to products for domestic consumption and for export and that consumers in both the country of manufacture and the country/ies of import should be informed of any exceptions to this rule.

International trade

Recalling earlier General Assembly resolutions on trade protectionism, IOCU reaffirms its general view that freer trade between nations is in the consumer interest. The General Assembly recommends that:

- *Governments should be called*

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

upon to announce a phased programme for the dismantling of those existing trade barriers which have a negative impact on consumers;

- each country should have a body to analyse and publish the costs and benefits of proposed trade controls. Consumer organisations should be represented on such a body, and given funds necessary for the representation to be effective;
- within the general framework of an open international trade, full regard must be had towards protecting consumers against products dangerous to their health or safety.

Tobacco

Whereas tobacco smoking and the diseases it causes have reached epidemic proportions in the developed countries where research has shown that smoking is the largest single preventable factor in ill health and premature death;

whereas tobacco smoking is rapidly gaining ground in developing countries and already signs are visible of what the World Health Organisation calls "tomorrow's epidemic";

whereas health and safety are primary concerns of consumer groups and IOCU:

and whereas IOCU's special areas of knowledge and expertise and that of its member organisations lies in the field of economic surveys, representation of consumers' interests and drafting of consumer protection measures such as legislation and codes;

the General Assembly supports the launch of a campaign to combat smoking promotion which will aim at eliminating the marketing and promotional practices of those engaged in the manufacture and sale of tobacco products, and at taking other measures to significantly reduce the influence of smoking worldwide.

Public relations

This General Assembly recommends that the pack prepared for the 11th Congress Workshop on Designing a PR Brochure should be adapted and edited so that it can be used as a permanent guide to new consumer organisations in developing countries.

Development in Africa

Recognising that consumer protection is an essential part of development, and taking account of the difficulties and complexities involved, this General Assembly resolves that it is important for IOCU to begin systematic work in Africa and to strengthen its efforts in this area.

IOCU Regional Office for Latin America

Recognising that the development of the consumer movement in Latin America is advancing rapidly and acknowledging that this development has been helped by the fact that Latin America is moving towards a greater degree of democracy than was the case in the recent past, the IOCU General Assembly recommends that IOCU sets the establishment of an IOCU Regional Office for Latin America as an important goal and that such an office, if feasible, should be set up before the next IOCU World Congress.

Testing

Recognising the importance of the Simple Tests Manual to smaller organisations, this General Assembly recommends that work on the Simple Tests Manual be continued in order to produce test methods for a greater variety of products and to encourage wider use of the existing Manual. Further, this General Assembly recommends that IOCU seek funds for this second stage of the work.

In addition, this General Assembly proposes that IOCU look into the possibility of setting up a special

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fund to make such a service available to organisations in developing countries, because of the problems posed by unsafe products and the need for tests to be conducted at short notice.

Indian drug policy

In view of the fact that changes to the Indian National Drug Policy are envisaged for the near future, this General Assembly strongly recommends that these changes should be essentially in keeping with the concept of a Rational Drug Policy.

Further, the General Assembly recommends that the interest of the people and their health needs guide the drafting of this policy - ensuring easy availability of essential drugs at reasonable cost and withdrawal of known hazardous and irrational drugs.

Consumer education in the mass media

Bearing in mind that more meaningful co-operation is needed between consumer organisations and journalists in all media, this General Assembly recommends that:

- *joint training sessions at regional or national level should be held wherever possible, using existing supportive resources;*
- *individual consumer organisations should intensify their contacts with appropriate media, as a means of fulfilling their social responsibility to the community in the field of consumer education;*
- *consumer organisations should more systematically exploit the newsworthy nature of the material they handle;*
- *consumer organisations should monitor and evaluate the practical long- and short-term effects of the publicity they generate for consumer education in the media;*
- *appropriate international agencies be urged to facilitate a freer interchange of consumer education materials.*

Further, it urges IOCU to appeal to all governments to give greater importance to disseminating consumer information through the various mass media.

Nuclear power

Bearing in mind that the "horizontal proliferation" of nuclear power in developing and developed countries is the cause of grave concern; and noting that the present expansion in the transportation of radioactive substances, such as spent nuclear fuel and plutonium, over land, sea and even through the air, is most hazardous and remains a constant threat of future disaster, this General Assembly calls for a moratorium on the expansion of nuclear power and an end to the transport of all nuclear substances until we are fully assured that safety measures can be guaranteed

New information technology

This General Assembly endorses the programme on new information technology established by its Working Group under the World Conference and urges IOCU to carry that programme out and to report to the next Congress.

IOCU should carry out a feasibility study on a worldwide computerised consumer information database: one obvious subject area for such a database is information about dangerous products.

IOCU should with member organisations explore the feasibility of developing shared computerised information programmes which could be used by organisations in two or more countries, for example on saving energy.

Transnationals

This General Assembly adopts the Report of the Working Group on Transnationals and endorses the Action Plan deriving from the meeting.

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

Transnational Working Group Action Plan

Ultimate goals

1. To eliminate the anti-consumer practices of transnational corporations.
2. To ensure that TNCs behave in a manner consistent with the eight consumer rights.
3. To secure effective national and international regulation of TNCs.
4. To ensure that the practices of TNCs are for the greatest advantage of the local population.

Aims

1. To ensure the speedy adoption by the United Nations General Assembly of the Draft Guidelines on consumer protection.
2. To establish a consumers' Transnational Monitoring Network to monitor the practices of transnational corporations worldwide.

Scope

1. The network will examine the marketing of inappropriate products such as tobacco, alcohol, junk food, and many pesticides, pharmaceutical products and infant formula and related products.
2. The network will examine inappropriate practices and TNCs' behaviour which affects:
   - TNC involvement in local politics;
   - methods of marketing;
   - impact on the lifestyle of local population.

Strategies

1. Lobby nationally and internationally for the speedy implementation of the UN Guidelines.
2. Develop a programme to monitor and disseminate through the network public announcements of TNCs with respect to anti-consumer practices.
3. Document and disseminate information on anti-consumer practices.
4. Develop corporate case studies.
5. Develop a process for evaluating the effectiveness of the action.

IOCU Congress

IOCU council elections

Founder organisations who automatically have seats on IOCU Council are:

- Association des Consommateurs (Belgium)
- Consumentenbond (Netherlands)
- Consumers' Association (UK)
- Consumers Union (USA)

Elected organisations are:

- Australian Consumers' Association
- Consumers' Association of Canada
- Forbrugerradet (Denmark)
- Stiftung Warentest (West Germany)
- Hong Kong Consumer Council
- Consumer Guidance Society of India
- Histadrut Consumers' Protection Authority (Israel)
- Consumers Union of Japan
- Consumers' Association of Penang (Malaysia)
- Asociacion Mexicana de Estudios para la Defensa del Consumidor (Mexico)

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Source: https://www.industrydocuments.ucsf.edu/docs/lsjl0000

- Consumers Institute (New Zealand)
- Forbrukerradet (Norway)
- Philippine Consumers Movement Inc.

Council members also appointed the National Consumers League of Jamaica and the Consumers' Association of Bangladesh. A further Council seat will be filled by the Organizacion de Consumidores y Usuarios of Spain on 4th April 1985, when it becomes eligible.

Officers

President: Rhoda Karpatkin, Director of US Consumers Union
Vice-President: Dick Smithies, New Zealand
Honorary Secretary: Pushpa Motwani, India
Treasurer: Dick Westendorp, Netherlands

Standing Committees

Testing	Roland Hüttenrauch Stiftung Warentest West Germany
Development	Carlos Sanchez-Reyes OCU, Spain Arturo Lomeli AMDEC, Mexico
Education	Bishan Singh FOMCA, Malaysia, and Grada Hellman Consumentenbond, Netherlands

Working Groups

Health	Andrew Herxheimer Consumers' Association United Kingdom
Trans-nationals	Allan Asher Australian Consumers' Association
Library and Documentation	Geraldine Ormond Australian Consumers' Association

Consultative Committee

Latin America and Caribbean	Arturo Lomeli AMDEC, Mexico

New Patrons

Katsuko Nomura - Japan
Esther Petersen - United States

New Corresponding Members

Liga de Amas de Casa - Argentina
Liga Accion del Consumidor - Argentina
Coordenadoria de Protecao e Orientacao Consumidor - Brazil
Kuluttajaneuvontaliito R Y - Finland
Kentro Prostasias Katanaloton - Greece
Consumer Education and Research Centre - India
Jagrat Grahak - India
Stichting Consument en Veiligheid - Netherlands
Forbrukerombudet - Norway
Statens Institutt fur Forbruksforsk-ning - Norway
Instituto Nacional de Defensa do Consumidor - Portugal
Federacion de Consumidores de Euzkadi - Spain
Organitzacio de Consumidores I Usuaris de Catalunta - Spain
Consumers Group of Siam - Thailand
Thai Association of University Woman - Thailand
Liga Uruguaya de Defensa del Consumidor Uruguay.

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uprooting trees to make way for manioc and bananas. The problem is compounded by the demand on fuelwood to fire the mainly smallholder-run distilleries. This has led to a 44% loss of wooded areas between 1969 and 1974 and the food-producing lands are now under double threat. (Action for Development, UK, Feb 85) (245/85)

Curry spices found to be good killers of parasites

Spices like black pepper and cinnamon used in preparing curry in South Asian countries are effective in killing parasites, according to research conducted by a group of professors at the pharmaceutical department of Kanazawa University in Japan. Their research showed that the number of parasite carriers in Sri Lanka, where a large amount of spices are used in curry, is smaller than in African countries. In particular, those parasites cause such ailments as liver hypertrophy and deterioration of the eyesight. (Japan Times, Japan, 16.3.85) (246/85)

Smoking

Tobacco companies warned of IOCU's campaign

A major international business magazine has recently warned tobacco companies about the consumer-led campaign against their marketing practices. 'Tobacco MNCs are the latest target of the international consumer movement. Angry at the way cigarette makers promote their products, IOCU has formally launched its fourth network, the Action Group to Halt Advertising and Sponsorship by Tobacco Companies - AGHAST. Its first project will be a study that intends to show how the industry, despite claims to the contrary, is committed to increasing sales in LDCs. Executives should note that the focus will be on advertising and promotion techniques, such as the industry's increasing sponsorship of sports events.' (Business International, USA, 8.3.85) (247/85)

Cheating the smoking machines

A year ago the Barclay cigarette manufacturers managed to postpone the distribution of the February issue of Test Aankoop, a Belgian consumer magazine, because it carried a warning about Barclay's advertising. While a claim for damages is still before the Belgian courts, action against Barclay continues elsewhere. In Geneva, a cantonal court banned the sale of Barclay packages claiming: '1 mg tar, 0,2 mg nicotine' because the claim was fraudulent. The Swiss Federal High Court has now affirmed that Barclay's special filter was probably specifically designed to falsify the objective testing by standard smoking machines. (Test-Aankoop, Belgium, Feb 85) (248/85)

Ban on tobacco advertising and sports sponsorship proposed in UK

A Bill to ban tobacco advertising and sports sponsorship will be introduced in the UK Lords by Lord Pitt, president-elect of the British Medical Association. The BMA, in its campaign against smoking, has also launched a report which shows that, contrary to the tobacco industry's claim, advertising does encourage people to smoke, particularly children. And sponsorship associates sporting prowess and cultural excellence with cigarettes in ways that self-regulated codes of conduct forbid. The report, Cigarette Advertising and Smoking: A Review of the Evidence, by Simon Chapman, an Australian researcher working with IOCU on its AGHAST campaign against tobacco promotion, is available free from the BMA at Tavistock Square, London WC1. (Guardian, Times, UK, 9.3.85) (249/85)

'Dying for a cigarette'

In a letter to the Guardian Simon Chapman, who is working with IOCU's campaign against smoking promotion, AGHAST, describes how, as the famine in North Africa developed in 1984, British tobacco companies were at work in the region, reaping the bounty of their aggressive promotional campaigns. He lists some of the imports of expensive tailor-made cigarettes from Britain from January to September 1984, eg 541 million to the Sudan, 153 million to Ethiopia. (Guardian, 21.2.85) (250/85)

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EUROPEAN ECONOMIC COMMUNITY (EEC)

The European Economic Community was set up in 1958 to promote the unification of economic activity in the continent, and the list of Directorates-General, (Appendix 2) indicates the vast range of interests in the Commission, in the economic domain, and in others.

The European Commission is the civil service mechanism which defends and implements the Treaty of Rome and all subsequent conventions. The unification of economic activity is undertaken in a variety of ways proposed by the Commission after dialogue with the European Parliament and the Economic and Social Committee, and when agreed, ratified by the Council of Ministers. Thus, the most obvious products of the EEC are documents: reports, statistics, draft bills, minutes of meetings, resolutions, amendments, written questions & replies etc. finally leading to E.E.C. legislation. The whole process is very open, democratic and consultative,and takes a great deal of time, which is one of the main complaints levelled against the bureaucracy in general.

SMOKING

Public Health was not the first consideration in the forming of the European Community, but the Summit Meeting of 1972 gave voice to a feeling that the E.E.C.'s wealth needed to be used for an overall goal - the improvement of the quality of life for all citizens in the Community. Hence came concerns about Environmental Protection, Worker Safety, Consumerism etc. that were not part of the original Treaty. It is still by no means certain that the E.E.C. is constitutionally within its powers when dealing with smoking (TEITGEN), and a reply from Commissioner Ivor Richard (in October 1983) to a Parliamentary question asking by what right the E.E.C. intervenes in this domain could quote no part of the Treaty in support of this activity (BONDE):-

"The Commission's activities to combat smoking are based on decisions made by the Council and representatives of the governments of the Member States meeting within the Council on 16 November 1978 (Health). They are centred on prevention and are implemented by means of studies and exchanges of experience. These activities are also a response to the resolution on the campaign against smoking of 12 March 1982 by which the European Parliament requested the Commission to take specific action in this field."

However, the EEC's concern for the well-being of its population has by custom and usage extended through Public Health to tobacco use, and arguments derived from constitutional law are not likely to carry much weight.

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As Mr. Richard's reply makes clear, the Parliament has been intermittently concerned with smoking over a number of years. Written questions to the Commission were submitted in April 1979 (JAHN), October 1979 (MICHEL), December 1979 (DE VALERA) and June 1980 (O'CONNELL). Although posed in a number of different contexts, the basic question is always the same, i.e. what does the Commission propose to do about the 'smoking problem'?
A frank scrutiny of the answers reveals little more than elegantly drafted procrastination.

The most substantial document from the Parliament was the report of February 1982 (DEL DUCA) which contained a draft resolution, one page of justification, and (as appendices) two previous drafts by PETRONIO and SQUARCIALUPI. Acting on this report the Parliament passed the resolution quoted by Mr. Richard above (EUROPEAN PARLIAMENT), calling for public smoking bans, anti-smoking campaigns & research, standardised constituent labelling, investigation into advertising & sales, and a comparative study into current anti-tobacco legislation in the Community.

Further written questions came in March 1983 (VAN HEMELDONCK, a), May 1983 (BONDE) (VAN HEMELDONCK, b), March 1984 (VAN HEMELDONCK, c), August 1984 (SQUARCIALUPI) November 1984 (MEGAHY) May 1985 (HOON) and September 1985 (LALOR). Further draft resolutions were put forward in January 1984 (HORD, DESOUCHES), but there is no information as to whether they were passed or not.

The discussion at the European Parliament has resulted in some reports and documents from the Commission. The Annual Report for 1981 noted that "The Commission's work in the field of public health, which is being conducted in association with the WHO and the Council of Europe, concentrated on health education - with special emphasis on smoking and nutrition ..." This report did indeed precede a number of documents about smoking, of which the first was a simple survey of the actions currently undertaken against smoking by the Member States up to June 1981, issued in 1982 (EUR 7531, undertaken by DG V). (The reports commissioned from FERON and from DE JONGHE, received in 1979, in a sense may not be taken into account as they were never published). In the same year the Commission published a survey on smoking incidence and trends in the Community (MERZDORF) and an analysis of possible and current anti-smoking strategies (LEVY). These reports created some interest, and in 1982 one could have thought that the European Community was gearing itself for a firmly committed, strongly implemented position against smoking in the E.E.C. This has taken time to materialise.

In 1983, the Council of Ministers issued a draft recommendation about harmonising tobacco product pack warnings, giving minimum surface area, constituent levels, supporting the publication of league tables and requesting reports from Member States.

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In September 1984, the Commission approved a 'communication' to the Council supporting inter-country co-operation on health problems, specifically identifying cigarette smoking. Health Ministers, meeting the following November, had tobacco-smoking on their agenda, and "all Ministers emphasised their pre-occupations and spoke about their national problems and activities." (Observer's report); one would not have expected anything else.

"Europe Against Cancer" (1986)

In November 1985, about a year after the Health Ministers' meeting, the Commission produced a proposed resolution for the Council of Ministers (COM(85) 628 final) on cancer prevention. This proposal, plus the Parliament's report on the resolution (SQUARCIALUPI), plus the 'opinion' of the Economic & Social Committee, represents a very serious attempt to reduce the tobacco custom in Europe. Tobacco smoking has been clearly targetted in all the documents. In the original proposal, the Commission says:

> "No single measure is known that would have as great an impact on the number of deaths attributable to cancer as a reduction in the use of tobacco." " ... It is a matter of urgency to establish a common strategy to reduce the toll of smoking-related diseases."

The Economic & Social Committee included in its 'opinion', the following:

> "Since reduction of tobacco consumption can diminish the risk of cancer by 15%, it is important to take practical measures to achieve this reduction by, for example:
>
> - increasing taxes on tobacco
> - banning tobacco advertising
> - banning indirect tobacco advertising through the sponsorships of sports events
> - enforcing the ban on smoking in certain places ... ."

In late-1985 the Commission convened an ad hoc 'Committee of Experts' to investigate areas in which the E.E.C. could act. At the "Europe Against Cancer" press conference (January 24, 1986) the Committee presented its report, which in section 2 stated categorically

> "the highest priority in cancer prevention should be given to the control and eventual elimination of tobacco."

A separate report will focus on these important developments.

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Influence

Naturally, tobacco appears on the E.E.C. agenda in areas quite distinct from smoking control. In fields such as fiscal harmonisation of tobacco taxes, subsidies to tobacco-growing as part of the Common Agricultural Policy, advertising on television programmes broadcast by satellite etc. the treatment of tobacco is as one among other consumer goods.

The Commission thus has a rather ambivalent stance with respect to tobacco. Given that most decisions, resolutions etc. are not binding on member states, in producing the various reports and Parliamentary debates the EEC has done most of what it can do. As noted in the section on WHO, an exchange of letters about mutual co-operation has taken place, but details are vague. However, the "Europe Against Cancer" plan clearly shows WHO influence (it derives partly from the WHO concept of 'Health for All by the Year 2000') and the intensity of EEC commitment to eradicate tobacco is quite new. Even though, in the first instance, the results may only be more recommendations & resolutions, the pressure that the EEC can bring to bear is quite solid, and may in countries be enough to make the difference between restrictive legislation and no regulation.

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Appendix 1

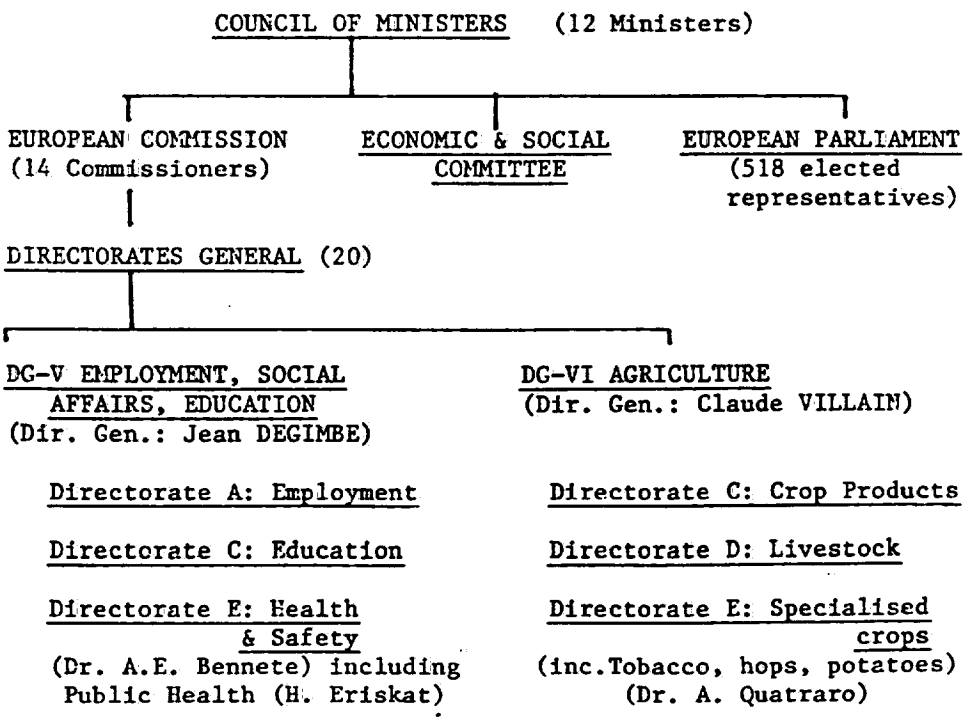
EUROPEAN ECONOMIC COMMUNITY

STRUCTURE

The European Economic Community is an international legislature parliament-civil service established with the aim of removing barriers between the peoples of Europe to enable them to co-operate in improving their common quality of life, especially in economic terms. The participating countries are Belgium, Denmark, Eire, France, West Germany, Greece, Italy, Luxemburg, Netherlands, Portugal, Spain & United Kingdom.

The supreme controlling body is the Council of Ministers (one Ministerial representative from each member state), to which is responsible the European Commission (13 Commissioners, plus a bureaucratic staff of 6,000). In its regulatory proposals the Commission is obliged to take into account the views of the Economic & Social Committee (a liaison body of representatives from trade, industry & the professions) and of the only publicly-elected body in the E.E.C. the European Parliament.

Hence the structure of EEC institutions shown below, the selection of Directorates showing those where tobacco has been involved:



FUNDING

The E.E.C. Budget, controlled ultimately by the Council of Ministers, and often the subject of strong political argument, is contributed jointly by the Member States. The budget for 1985 was almost 29 billion US dollars.

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	– *Task Force:* Information and Telecommunications Technologies	30
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SQUARCIALUPI Mrs.V. "Oral question. Subject: Campaign against drug abuse", Typescript 11-146/84, (August 20, 1984), 1 p.

SQUARCIALUPI, V. (Rapporteur) "Draft report on a proposal for a Council resolution on a programme of action of the European Communities on cancer prevention." European Parliament, Committee on the Environment ... (February 6, 1986) PE 103.781 20pp.

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Kjell BJARTVEIT MD DPH

Previously Director of Norway's Mass Radiography Service, Kjell Bjartveit is Chairman of the Statens Tobakkskaderåd (National Council on Smoking and Health). His deputy, and Head of Administration is Arne HAUKNES who is often co-author of articles, and who stands in for Dr. Bjartveit when the latter cannot appear at meetings.

One of the least extreme of the international opinion-leaders, he is still strongly committed to the eradication of tobacco, and his speciality on the international scene is explaining the working and impact of Norway's Tobacco Act. Perhaps because of this he holds the rather dissonant view that it is largely a waste of time to try and quantify the effect of advertising bans in isolation.

He is involved with both WHO and UICC, and is very active in international meetings:-

April 1967	Norway Cancer Society, Committee for Research in Smoking Habits. Chairman. Report issued by UICC in 1969
September 1967	First World Conference on Smoking & Health, New York. Delegate. He was at this time Senior Medical Officer of the National Mass Radiography Service
September 1971	Second World Conference on Smoking & Health, London Delegate
June 1975	Third World Conference on Smoking & Health, New York Speaker
1976	UICC Workshop on Smoking and Lung Cancer, Geneva Participant because of his chairmanship of the N.C.S. committee which produced the report "Influencing smoking behaviour",(see above April 1967). Re-edited by GRAY & DAUBE, this became "Guidelines for smoking control"
1978	International Cancer Congress, Buenos Aires. Member of 'Panel on Smoking Control'
1979	WHO Expert Committee on Smoking Control. Rapporteur. (This body produced the report TR 636 "Controlling the Smoking Epidemic")

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June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker
December 1982	Philippines National Workshop on Smoking & Health, Manila UICC Speaker
1983	Nominated as Project Chairman "Smoking Control in China" within the UICC Programme on Smoking & Cancer
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker
September 1983	University of Western Australia, International Symposium "Success in smoking control" Guest Speaker
September 1984	Return visit to Western Australia to support legislative effort
September 1984	UICC Seminar on Smoking and Health, Jakarta Speaker and UICC representative
November 1984	6th International Symposium on the Prevention & Detection of Cancer, Vienna Speaker

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Simon CHAPMAN BA PhD

The youngest of the people in this section (he was 15 when the First World Conference took place) Simon Chapman is one of the most forcefully committed anti-smokers, and is extremely active in print. (see bibliography). The thesis he submitted for his doctorate in Social Anthropology (1985) was on the subject of cigarette advertising. His 'baptism by fire' in Australia has led to a confrontational stance, supported by his own research (on advertising), his time as Council member with the Australian Consumers' Association, being a founder-member of the pressure group MOP UP, and being closely associated with the graffiti movement BUGA UP. Although the vagaries of higher research funding has meant that he has moved about a lot, his appointment at the South Australia Department of Health could mean a prolonged period of stability.

1979	University of Sydney. School of Public Health & Tropical Medicine. Principal Researcher
1980	University of Sydney. Department of Preventive and Social Medicine. Lecturer; Research Officer in Sociology & Health Education, Founder member of MOP UP (see article 'David & Goliath story') Founder Member of GASP.
1981	University of New South Wales. School of Public Health & Tropical Medicine. Commonwealth Institute of Health. Research Officer.
1982	Ministry of Health, New South Wales, Advisor. Project Co-ordinator "Quit for Life". Vice President, Australian Consumers' Association.
September 1983	Fifth World Conference on Smoking & Health, Winnipeg Participant as ACA Council Member. (see "Lung Goodbye")
November 1984	WHO/UICC Workshop on Smoking & Health, Khartoum UICC Temporary Advisor
March 1985	2nd International Conference on Health Education & the Media, Edinburgh Speaker.
June 1985	Awarded doctorate in Social Anthropology (thesis on cigarette advertising)

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August 1985	Appointed to IOCU Regional Office, Penang as project co-ordinator of AGHAST programme. (Action Group to Halt Advertising and Sponsorship of Tobacco)
November 1985	Director of Health Promotion, State of South Australia.

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5. "The mass media and smoking cessation: the ABC-TV nationwide 'I quit' program" Community Health Studies (1982) 6:(3) pp. 247-252

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17. "Smoking and famine" Choice (June 1985), p.4

18. "Clinics for smokers" The Lancet (June 8, 1985) 1:(8441), pp. 1135

19. "Competing agendas in smoking control agencies: Those who pay the piper" New York State Journal of Medicine (July 1985) 85:(7) pp.287-289.

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Michael DAUBE

Coming to prominence in the movement against tobacco as Director of Action on Smoking and Health (ASH, U.K.) Mike Daube is by far the most vigorous of the international anti-smokers in his use of language. The phrase "merchants of death" applied to the industry was one he created at the Stockholm Conference (June 1979), and all his writings and speeches bear the stamp of a committed activist.

He was with ASH from about 1974 to 1979, then became Senior Lecturer in Health Education (University of Edinburgh, Dept. of Community Medicine) supported financially by the Scottish Health Education Group whose chief now directs the Health Education Council for the whole kingdom. In June 1984 Mr. Daube accepted the appointment as Director, Health Promotion Services, State of Western Australia, where one of his first achievements was to install a "clock" purporting to record the number of deaths taking place due to smoking. His international career is outlined below:-

September 1975	Third World Conference on Smoking and Health, New York Speaker
1976	UICC Workshop on Smoking & Lung Cancer, Geneva. (This meeting was responsible for the "Guidelines on Smoking Control" which Daube edited with Dr. Nigel Gray).
1979	WHO Expert Committee on Smoking Control. WHO Temporary Advisor (This committee produced the report TR 636 "Controlling the smoking epidemic").
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker
June 1979	Middle East Anti-Smoking Seminar, Cairo Speaker
September 1979	10th International Conference on Health Education, London Participant
September 1982	13th International Cancer Congress, Seattle Speaker

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1983	WHO Expert Committee on Smoking Control in Developing Countries. Co-Rapporteur. (This body produced the report TR 695 "Smoking control strategies in developing countries").
1983	Appointed Chairman: Project on Smoking Control in the Middle East, within UICC Special Programme on Smoking and Cancer
February 1983	Second Gulf Smoking Control Workshop, Bahrain UICC Speaker
July 1983	Fifth World Conference on Smoking and Health, Winnipeg Speaker
September 1983	University of Western Australia International Symposium "Success in Smoking Control" Guest Speaker
November 1983	UICC Workshop on Smoking Cessation, Belfast (This meeting was responsible for the UICC Technical Report "Guidelines on smoking Cessation")
February 1984	Newspaper feature names him as 'Secretary' of the new pressure group Action on Alcohol Abuse.
June 1984	Moves to Perth to work for State of Western Australia, as Director, Health Promotion Services
August 1985	34th International Congress on Alcoholism and Drug Dependence, Toronto, Speaker

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Mike DAUBE - Bibliography

1. "Towards an advertising ban"
Proceedings, 3rd World Conference on Smoking & Health, New York, (1975), pp. 851-850

2. "Action on Smoking and Health (United Kingdom)"
Proceedings, 3rd World Conference on Smoking and Health, New York (1975), pp. 993-936

3. "Smoking causes lung cancer and other diseases"

Newsbeat, BBC Radio 1 (December 23, 1976), 12.30 hr

4. "The politics of smoking: thoughts on the Labour record"
Community Medicine (1979), 1: pp.306-314

5. "Public information programmes"
Proceedings, Middle East Anti-Smoking seminar, Cairo, (June 6-8, 1979), pp. 23-28

6. "Legal ways and means"
Canadian Council on Smoking and Health Newsletter, (November 1979) 5:(6), pp. 7-10

7. "Guidelines on Smoking Control" 2nd ed. UICC, (1980) 165pp.

8. "Untitled (Interview on anti-smoking)"
Channel 10, Eyewitness News (May 4, 1981) 18.35h

9. "Smoke signals on advertising"
Financial Times (June 10, 1981), p. 10

10. "Strategies to control tobacco disease"
Cancer Forum (September 1981), 5: (3), pp. 157-167

11. "In support of health warnings"
World Smoking and Health (Autumn 1982), 7:(3), pp.2, 42-46

12. "Obstacles to health promotion"
Proceedings, 13th International Cancer Congress, Seattle (September 8-15, 1982), p. 375

13. "The 5th World Conference on Smoking and Health: A valuable springboard for future international activity"
UICC NEws, (September 15, 1983), 1:(1), pp. 10-12

14. "Open letter to ..... John Patten, MP, Under Secretary of State, Department of Health and Social Security"
British Medical Journal (October 29, 1983), 287: (6401), pp. 1289-1291

15. "Smoking and Health"
BBC World Service "Assignment" (May 17, 1984), 11.30 a.m., 9pp.

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16. "Sponsorship and sport"
BBC Radio 4: You the Jury (July 14, 1984), 10.15 p.m., 21pp.

17. "Tobacco manufacturers' lobby in Parliament" (interview by Adam Raphael)
BBC Channel 4 'Diverse Reports' (February 8, 1984)

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Nigel GRAY MB BS FRACP

It is the Australian, Dr. Gray, who appears to have done more than any other individual to bring the anti-tobacco movement together in the international sense, to exert pressure on governments and other influential bodies. Active in the Australian anti-smoking movement since before 1970, the experience he gained with organising the voluntary work of the Victorian Anti Cancer Council clearly showed both the potential and the limits of national volunteer organizations (see his speech at the Third World Conference). Starting with the seminal 'Workshop on Smoking & Lung Cancer' in 1976 (which was the first time GRAY, DAUBE, BJARTVEIT, RAMSTROEM & MASIRONI met together in a formal sense), he therefore began to work with and through the UICC as a flexible and single-minded international association, setting in motion the chain of events which has led to the formation of an International Liaison Group on Smoking and Health with himself as Chairman. The UICC Workshops were his idea, and also the Programme on Smoking and Cancer, with what are virtually Regional Co-ordinators for specific areas; he edited the first & second versions of "Guidelines on Smoking Control". He has done his share of speaking at meetings, of course, but his special contribution is to organise the integration of the disparate elements of the anti-tobacco movement into the most organic whole that it could be, short of being one big centralised body.

June 1975	Third World Conference on Smoking & Health, New York. Speaker. In the participants' list his title was given as Director, Anti-Cancer Council of Victoria, which is apparently his preferred designation. As early as 1972 Dr. Gray was already claiming that 90% of all lung cancer deaths were caused by smoking.
1976	UICC Workshop on Smoking & Lung Cancer, Geneva. Chairman. (This meeting produced the report "Guidelines for Smoking Control" edited by Gray with Mike Daube).
1978	UICC World Cancer Conference, Buenos Aires Speaker
1978	Appointed Chairman of UICC Special Project (now Programme) on Smoking & Cancer
1979	WHO Expert Committee on Smoking Control, Rapporteur. (This committee produced the report TR 636 "Controlling the Smoking Epidemic")
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker

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June 1979	Middle East Anti-Smoking Seminar, Cairo Speaker
1980	Listed as scientist co-operating with IARC
August 1981	UICC Conference on Cancer Prevention in Developing Countries, Nagoya. Speaker
September 1982	13th International Cancer Congress, Seattle Speaker
1983	Chairman, Scientific Committee of IARC
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker. Appointed Chairman : International Liaison Group on Smoking & Health, under UICC Sponsorship
September 1983	University of W. Australia International Symposium "Success in smoking control", Perth Speaker
September 1984	UICC Seminar on Smoking & Health, Jakarta Speaker
November 1984	6th International Symposium on Prevention & Detection of Cancer, Vienna Session Chairman

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Nigel GRAY - Bibliography

1. "The role of the voluntary organization"
Proceedings 3rd World Conference on Smoking and Health, New York (1975), pp. 921-928.

2. "Effects of advertising on cigarette and alcoholic beverage consumption"
Medical Journal of Australia (November 15, 1975), p. 782.

3. "Patterns of tobacco smoking in Australia"
The Medical Journal of Australia (November 29, 1975) 2: pp. 819-822.

4. "Cigarette smoking, tar content, and death rates from lung cancer in Australian men"
The Lancet (May 31, 1975) 1:(7918), pp. 1252-1253.

5. "The UICC special project on smoking and lung cancer"
UICC Bulletin on Cancer, (March 1977), pp. 1-2.

6. "Progress and trends in smoking control"
Proceedings, 4th World Conference on Smoking and Health, Stockholm (1979), pp. 128-141.

7. "Attitudes and smoking habits of dentists in Victoria"
Australian Dental Journal (1979), 24:(3), pp. 143-145.

8. "Smoking, a world-wide major health problem"
Proceedings, Middle East Anti-smoking seminar, Cairo, (June 6-8, 1979), pp. 6-11

9. "Guidelines on Smoking Control" 2nd ed. UICC, (1980) 165pp.

10. "Analysis of target populations"
Proceedings, UICC Regional Workshop on Smoking and Health in S.E. Asia, (November 20-22, 1981) 1p.

11. "International view on smoking"
Proceedings, UICC Regional Workshop in Smoking and Health in S.E. Asia, (November 20-22, 1981) 7pp.

12. "Smoking: the role of Government"
Medical Journal of Australia (January 9, 1982) 1:(1) pp. 6-7

13. "The tobacco industry has subverted virtually the whole of the sporting administration of this country"
Channel Nine (Victoria, Australia) "New Today" (March 11, 1982), 3pp.

14. "Report UICC Smoking Control Workshop Nagoya, Japan, August 1981"
AOKI, K. (Ed.) Cancer Prevention in Developing Countries, Univ. of Nagoya Press (1982), pp. 403-404.

15. "Patterns of tobacco-smoking in Australia"
Medical Journal of Australia, (January 9, 1982) pp. 23-24.

16. "Special project on smoking and cancer"
UICC Bulletin (August, 1982) 20:(3) Activities Report 1980-82.

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17. "Lung cancer prevention: why, where and how the UICC has tried to assist this political and cultural process"
Proceedings, 13th International Cancer Congress, Seattle (September 8-15, 1982), p. 652.

18. "Corporate black sheep: Ending the dependence on cigarette sponsors"
The Medical Journal of Australia (March 5, 1983), pp. 195-196.

19. "Programme concernant le tabagisme et le cancer" (Programme concerning tobacco and cancer)
UICC News (September 15, 1984), 2:(3-4), pp. 34-36

20. "Discussion about smoking, especially passive smoking"
RADIO 2GB (July 3, 1984) 9.30 a.m.

21. "Australian patterns of tobacco smoking and related health beliefs in 1983"
Community Health Studies, (1984) 8:(3), pp. 307-316

22. "Smoking and cancer programme"
UICC News (September 15, 1984), 2:(3/4) pp. 33-35.

23. "Strategies for smoking control"
Presented, WHO/UICC Seminar on Smoking & Health, Jakarta, (September 14-15, 1984), 9p.

24. Smoke gets in your eyes" (correspondence), Medical Journal of Australia, (May 26, 1984), p. 684

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Roberto MASIRONI PhD

Althcugh apparently trained as a physiologist in the U.S.A. (he was a faculty member at Emory University Medical School, Department of Physiology), within the WHO organistion Dr. Masironi is an international civil servant, whose rôle and title is given as 'Co-ordinator, WHO Programme on Smoking and Health'. This programme reports directly to the Director of the Division of Non-Communicable Diseases (NCD). This is not to deny his own personal convictions or his commitment to the cause, but his own rôle is as a servant of an international bureaucracy. Typically his activities are concerned with documentation, submitting reports, and administrative support for international meetings. The irregular bulletin "Tobacco Alert" comes from his unit, as have reports (Developing Countries; Smoking in the Young), guidelines on conducting surveys on smoking etc. and his activities including involvement in all three major WHO reports on smoking. He does sometimes speak at meetings where his tone is sober and factual.

1975	WHO Expert Committee on Smoking and its Effect on Health. Secretary. (This meeting produced the report TR 568 "Smoking and its effects on health").
1976	UICC Workshop on Smoking and Lung Cancer, Geneva Participant.
1979	WHO Expert Committee on Smoking Control. Secretary (This meeting gave rise to the report TR 636 "Controlling the smoking epidemic").
June 1979	Fourth World Conference on Smoking & Health, Stockholm Speaker. At this time he was still attached to the Cardiovascular Diseases Unit at WHO
September 1980	1st European Symposium on Lung Cancer, Chalkidiki Speaker
November 1981	WHO Conference on Tobacco and Youth, Venice Speaker
November 1981	WHO Workshop on Smoking & Health issues in developing countries. Colombo Secretariat
1983	WHO Expert Committee on Smoking Control in Developing Countries. Secretary. (This body produced TR 695 "Smoking control strategies in developing countries")

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July 1983	Fifth World Conference on Smoking & Health, Winnipeg. Dr. Masironi presented the Director-General's message to the conference.
November 1983	WHO/IATA/ICAO consultative meeting, Geneva. Participant. (The meeting produced a report on aircraft cabin air quality).
June 1984	WHO International Seminar on Smoking & Health, Lusaka Speaker
September 1984	UICC Seminar on Smoking & Health, Jakarta Speaker
October 1984	Member of International Union Against Tuberculosis Committee on Smoking and Health
November 1984	WHO/UICC Workshop on Smoking and Health, Khartoum WHO Secretariat
August 1985	34th International Congress on Alcoholism & Drug Dependence. Toronto. WHO representative.

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Roberto MASIRONI - Bibliography

1. "Controlling the smoking epidemic: a summary of the report of a WHO expert committee"
WHO Chronicle (1979), 33: pp.322-325

2. "Cigarette smoking in young age groups: geographic prevalence"
World Health Organization (1982), WHO/SMO/82.3, 22pp.

3. "International action in fighting the tobacco smoking epidemic: the rôle of WHO"
Proceedings, 1st European Symposium on Lung Cancer, Chalkidiki, (September 1980), Excerpta Medica, (1982), pp. 18-31.

4. "Smoking in developing countries"
World Health Organization, (1983), WHO/SMO/83.1, 53pp.

5. "WHO action in smoking control"
WHO/UICC Seminar on Smoking and Health, Jakarta, (September 14-15, 1984), 7p.

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Lars RAMSTROM PhD

Even by 1967 Dr. Ramström was Director-General of the NTS in Sweden (Nationalföreningen för upplysning om Tobakkens Skadeverkningar; National Association for Smoking and Health). This means that he has been a leader in the movement against tobacco for nearly 20 years, so it is not surprising if he has accumulated a great deal of experience in that time. Material on his background is difficult to obtain, but his doctorate is apparently not in medicine.

Dr. Ramström has been called on to explain Sweden's anti-tobacco legislation (rather like his colleague Dr. Bjartveit), but is not a 'specialist' in this area, as he has also given presentations on tobacco smoke and air quality, educational activity in changing smoking habits, and lung cancer epidemiology. He was among the first to focus on the the 'social cost' issue by claiming that smoking reduces the GNP. He works mainly via the WHO, but also with the UICC, and has also contributed to meetings where neither body was in evidence.

September 1967	First World Conference on Smoking & Health, New York Delegate.
September 1971	Second World Conference on Smoking & Health, London Delegate.
1974	WHO Expert Committee on Smoking & Health, Geneva Temporary Advisor. (The meeting produced the first WHO Report TR 568 "Smoking and its effects on health").
June 1975	Third World Conference on Smoking & Health, New York Speaker.
December 1976	UICC Workshop on Smoking & Lung Cancer, Geneva Participant. (This meeting produced the first "Guidelines on Smoking Control").
1979	WHO Expert Committee on Smoking Control, Geneva Committee Member. (This committee produced TR 636 "Controlling the smoking epidemic").
July 1979	Fourth World Conference on Smoking & Health, Stockholm Organiser and Speaker.

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September 1979	10th International Conference on Health Education, London Participant.
May 1980	Congress: Smoking & Health - political, preventative and therapeutic aspects, Bonn Contributor
September 1980	International Symposium of Socialist countries on Smoking & Health, Lodz. WHO Representative.
March 1981	International Conference on Health Education & the Media, Edinburgh Speaker.
November 1981	WHO Conference on Tobacco and Youth, Venice Speaker.
November 1981	WHO Workshop on Smoking & Health Issues in Developing Countries, Colombo WHO Secretariat.
November 1981	WHO meeting on Prevention & Control of Lung Cancer, Geneva Temporary advisor, Cancer Unit.
April 1982	WHO International Conference on Tobacco & Health, Mbabane Speaker.
September 1982	Societas Europea Pneumologia, Meeting on Lung Cancer, Knokke Speaker.
1983	WHO Expert Committee on Smoking Control in Developing Countries. Committee Member. (This meeting produced the report TR 695).
March 1983	1st Annual ECP Symposium 'Tobacco and Cancer', Brussels Speaker.
July 1983	Fifth World Conference on Smoking & Health, Winnipeg Speaker.
November 1983	Consultative meeting WHO/IATA/ICAO on Aircraft cabin air quality, Geneva WHO Temporary Advisor.
January 1984	International Symposium (Tokai University) on Indoor Air Pollution, Nitrous Oxides and Smoking, Lyngby WHO representative.
June 1984	WHO International Seminar on Smoking & Health, Lusaka Speaker.

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August 1984	3rd International Conference on Indoor Air Quality & Climate, Stockholm Speaker.
November 1984	6th International Symposium on Prevention & Detection of Cancer, Vienna Speaker.
November 1984	WHO/UICC Workshop on Smoking & Health, Khartoum WHO representative.

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Lars RAMSTROM - Bibliography

1. "New ideas introduced in Sweden's tobacco labelling act"
National Smoking and Health Association, (June 22, 1976), 4pp.

2. "New ideas in Sweden's tobacco labelling act"
World Smoking and Health (Fall/Winter 1976), 1:(1), pp. 28-31.

3. "Smoking reduces Gross National Product"
World Smoking and Health (1977), 2:(2), pp. 9-14.

4. "Sweden's 25-year programme to eliminate smoking - activities and success to date"
Tobacco and Us (June 1979), pp. 6-13.

5. "Sweden's 25-year programme to eliminate smoking - activities and success to date"
Canadian Council on Smoking and Health Newsletter (January 1979), 5:(1), pp. 7-18.

6. "Tobacco habits in Sweden - summy of a project report"
Tobacco and Us (June 1979), pp. 4-5.

7. "Educational approaches to the prevention of smoking in young people"
Problemy Higieny, Polish Society of Hygiene, (1980), pp. 97-99.

8. "Main tasks in the anti-smoking fight"
Problemy Higieny, POlish Society of Hygiene (1980), pp. 19-20.

9. "Designing multi-media programmes for the prevention of smoking", Health Education and the Media, proceedings of an international conference, (March 1981), Pergamon P., (1981), pp. 159-168.

10. "Tobaksnytt fraan Sverige (Tobacco news from Sweden"
Tobakken og Vi (1982), No. 4, pp. 46-48

11. "Viewpoints on smoking control programmes in developing countries"
Proceedings, International Conference on Tobacco and Health, Mbabane, Swaziland, (April 26-28, 1982), 5pp.

12. "Afrika boerjaar motverka roekingen" (Africa goes to work to fight smoking)
Tobaken Och Vi (1983), 28:(2), pp. 8-11.

13. "Exposure to environmental tobacco smoke (ETS) in aircraft"
World Health Organization (December 1983), WHO/SMO/84.2, 20pp.

14. "Smokers' and non-smokers' preception of passive smoking and certain control measures"
'Indoor Air' Proceedings of 3rd International Conference on Indoor Air Quality & Climate (August 1984) Vol.2, pp. 345-350.

15. Population scale evidence that smoking control can prevent lung cancer"
Abstracts, 6th International Symposium on Prevention and Detection of Cancer, (November 26-29, 1984), p. 490.

16. "Handlingsprogram i tobaksfraagan för företagshälsovaarden"
Tobaken Och Vi (1985) 30:(1), pp. 6-10.

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APPENDIX 1

ANTI-SMOKERS of LONG STANDING

Personalities attending the First World Conference on Smoking and Health, New York 1967, and still active in 1986.

Dr. K.P. BALL (U.K.) Dept. of Community Medecine, Central Middlesex Hospital, London.

Mr. John BANZHAF III (U.S.A.) Director, Action on Smoking & Health, Washington DC.

Mr. Allan ERICKSON (U.S.A.) Co-ordinator, Tobacco & Cancer Programme, American Cancer Society, New York.

Mr. Emerson FOOTE (U.S.A.) Previously McCann Erickson Inc.; Board of Directors, American Cancer Society, New York.

Professor W.F. FORBES (Canada) Professor of Statistics, Univ. of Waterloo, Ontario; President Canadian Council on Smoking & Health.

Mr. Lawrence GARFINKEL (U.S.A.) Vice President, Epidemiology & Statistics, American Cancer Society, New York.

Sir George GODBER (U.K.) Previously, Chief Medical Officer, Dept. Health & Social Security, London.

Dr. E.C. HAMMOND (U.S.A.) Epidemiologist, Mount Sinai School of Medicine, New York.

Dr. Takeshi HIRAYAMA (Japan) Head, Epidemiological Dept., National Cancer Institute, Tokyo.

Dr. D. HOFFMAN (U.S.A.) Associate Director, Division of Environmental Carcinogenics, American Health Foundation, Valhalla, New York.

Dr. Daniel HORN (U.S.A.) Previously, Director, National Clearinghouse on Smoking & Health, Bethesda, MD.

Mr. Irving RIMER (U.S.A.) Vice President, Public Information, American Cancer Society, New York.

Dr. R.T. RAVENHOLT (U.S.A.) Asst. Director Epidemiology & Research, National Institute on Drug Abuse, Rockville, MD.

Dr. F.R. WAKE (Canada) Professor of Psychology, Carleton University, Ottawa. Chairman, Programme Committee, 5th World Conference on Smoking & Health.

Dr. E.L. WYNDER (U.S.A.) President, American Health Foundation, New York.

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INTEGRATED INTERNATIONAL ACTIVITY AGAINST THE USE OF TOBACCO

SITUATIONS WHERE THE LEADING PERSONALITIES HAVE CO-OPERATED WITH EACH OTHER

EVENT	BJARTVEIT	CHAPMAN	DAUBE	GRAY	MASIRONI	RAMSTROEM
1967 - 1st World Conference on Smoking & Health, New York.	Delegate					Delegate
1971 - 2nd World Conference, London	Delegate					Delegate
1975 - WHO Expert Committee. Report TR 568 "Smoking & its effect on health"					Secretary	Advisor
1975 - 3rd World Conference	Speaker		Speaker	Speaker		Speaker
1976 - UICC Workshop on Smoking and Lung Cancer: produced the report "Guidelines for smoking control"	Member		Member	Chairman	Member	Member
1978 - International Cancer Congress, Buenos Aires	Panel Member			Speaker		
1979 - WHO Expert Committee. Report TR 636 "Controlling the smoking epedimic"	Rapporteur		Advisor	Rapporteur	Secretary	Member
1979 - Middle East Anti-Smoking seminar Cairo			Speaker	Speaker		
1979 - 4th World Conference - Stockholm	Speaker		Speaker	Speaker	Speaker	Organiser
1979 - 10th International Conference on Health Education, London			Delegate			Delegate

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Event	BJARTVEIT	CHAIRMAN	DAUBE	GRAY	MASIRONI	RAMSTROM
1981 - WHO Conference on Tobacco & Youth, Venice					Speaker	Speaker
1982 - 13th International Cancer Congress, Seattle			Speaker	Speaker		
1983 - 5th World Conference, Winnipeg	Speaker	IOCU rep.	Speaker	Speaker	WHO rep.	Speaker
1983 - WHO Expert Committee. Report TR 695 "Smoking control in developing countries"			Rapporteur		Secretary	Member
1983 - UICC Smoking control Programme	Co-ordinator China		Africa & Mid. East	Chairman Int. Liaison Committee		
1984 - UICC seminar on Smoking & Health, Jakarta	UICC rep.			Speaker	Speaker	
1984 - International Symposium, Prevention & Detection of Cancer, Vienna	Speaker			Session Chairman		Speaker
1984 - UICC/WHO Workshop on Smoking & Health, Khartoum		Advisor			WHO Secretariat	Speaker
1985 - 2nd International Conference on Health Education & the Media, Edinburgh		Speaker				Speaker

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